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ABSTRACT

The Rural Clinical Nurse Placement Center (RCNP) was begun in Chico, California, in 1975 to develop, implement, evaluate, and disseminate a model of a rural internship program in an effort to attract nurses to rural communities. Run by a director, clinical coordinator, full-time secretary, and half-time typist, the program places BS/RN degree nursing students in 6- to 8-week credit internships in rural health care facilities. Students usually reside with rural families and are guided by a preceptor (local health care professional employed by the placement facility). Following the internship, students complete post placement questionnaires; placement, preceptor, and housing provider evaluation forms; and projected employment plans. Participants also receive an annual longitudinal study questionnaire to assess effects of RCNP participation. From 1976 through fall 1983, RCNP placed 352 participants from California schools--and 2 out of state colleges--in approximately 70 rural health care facilities in northeastern California. On-site supervision had been provided by more than 100 preceptors. Results from 247 responses to the longitudinal questionnaire from 1976-1981 graduates indicated 89% were working as health care professionals and 38% had worked in a rural area. Graduate level programs based on the RCNP model have been established in Michigan, Georgia, and Idaho. (NEC)

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THE RURAL CLINICAL NURSE PLACEMENT CENTER


## ABSTRACT

Rural communities are traditionally understaffed by health care professionals, particularly nurses. The Rural Clinical Nurse Placement Center (RCNP) introduces nursing students to the professional and personal experiences of living and working in rural communities. These six-to-eight week experiences allow students to better consider employment in rural areas. This report describes the RCNP and documents that RCNP participants are not only thoroughly introduced to the rural experience but that this introduction is favorable and likely to result in participants returning to rural communities to practice nursing.

THE ORIENTATION OF THE RURAL CLINICAL NURSE PLACEMENT CENTER

The maldistribution of health care professionals is one of the major problems of California's health care delivery system. Rural communities in particular suffer from a lack of physicians and nurses. But while the maldistribution of physicians has been the subject of numerous studies and corrective programs, the maldistribution of nurses is just beginning to be addressed. The Rural Clinical Nurse Placement Center (RCNP) is the first major attempt to correct the maldistribution of nurses.

Factors usually cited for the lack of nurses in rural communities include lower salaries, fewer opportunities for advancement, reduced access to continuing education, less exposure to unusual patient cases, less contact with professional peers, and fewer nursing specialities. To these professional factors are added the personal factors of living in rural communities; isolation from cultural and recreational activities, fewer employment opportunities for mates, housing shortages, and restrictive weather conditions. While these factors do exist, the RCNP is based on the premise that they do not by themselves explain the maldistribution of nurses, and that they can be balanced or outweighed by other factors unique to rural communities. In the role of nursing, these other factors include the opportunities to develop a greater number and variety of skills; to accept more on-the-job responsibility and independence; and to relate to physicians, nurses, and patients on more personal levels. In the role of a member of a community, these factors include a more relaxed pace of life, sense of community, and environmental beauty and purity.

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Specifically, the RCNP addresses four underlying causes of the maldistribution of nurses.

The lack of awareness of the rural experience. Many nurses were raised in urban/suburban communities and most attended nursing schools in such communities. As a result, nurses are generally unfamiliar with the rural experience and with the demands and rewards of rural nursing; that is, they simply don't consider rural nursing as a career option. The RCNP increases awareness about the rural experience in its on-campus recruitment efforts, through presentations at conferences and professional meetings, through a 90-minute color film and a 20-minute slide-tape presentation about the program that are available on request, and through various publications and brochures. The growing number of inquiries about the program indicates that these consciousness-raising efforts are producing results.

The urban bias of nursing education. Most nursing programs tend to acculturate their students --- however subtly --- to prefer the role of the urban nurse. Most nursing schools are located in urban/suburban communities, as are most of the hospitals, clinics, and public health departments in which nursing students are trained. The standard for job comparison soon becomes the urban experience; the sophistication of specialized care and equipment, the professional credentials of co-workers, the potential for professional advancement, and so on. To the uninformed rural nursing pales by comparison. But rural nursing is a speciality in its own right. It requires a different kind of sophistication --- a jack-of-all-trades independence; different credentials for co-workers --- capability, dependability, and personability; and different potentials for advancement --- community respect, peer admiration, and personal satisfaction. By exposing nursing students to these standards, the RCNP adds a much-needed perspective and balance to the urban acculturation and bias.

The high drop-out rate of nurses. Only 78% of the registered nurses in California are working as nurses. Reasons given by nurses for leaving the profession include little opportunity to learn new skills, poor worker communication, high nurse/patient ratios, less patient contact and more paperwork, and little respect from physicians. These complaints are rarely heard among rural nurses. The nature of rural nursing is such that learning new skills is not only possible but necessary; that worker cooperation is essential; that lower nurse/patient ratios are the rule; that patient contact is assured; and that respect from physicians is more freely given. The implication here is that rural nursing may be the ideal alternative for urban nurses who have left or who may leave nursing for these reasons. By returning these nurses to the rural labor force, the RCNP increases not only the number of nurses in rural areas but the number of nurses in the state as well.

The difficulty of relocation. Unless nurses have contacts in rural communities, they may never be exposed to the catalyst that brings about the move to a specific rural community. Rural health facilities seldom have the resources they need to recruit for nursing positions. Staff members may not be available for recruitment work; the facility frequently needs physicians, laboratory technicians, or x-ray technicians as badly as it needs nurses; and the money for advertising may not last until the position can be filled. The RCNP experience and the professional and personal relationships it involves increases the ease with which participants --- and friends of participants --- can relocate in rural communities. Familiarity with specific rural communities, health care facilities, and residents is a decided advantage in choosing a work setting, finding housing, and establishing oneself in a new community. The RCNP can be the catalyst that may turn the inclination toward rural nursing into a reality.

Thus, the RCNP is addressing the maldistribution of nurses by raising awareness about the rural experience, by adding a needed perspective to the urban bias of nursing education, by offering unemployed nurses an alternative to the kind of nursing they no longer wish to practice, and by increasing the ease with which nurses can relocate in rural communities. The premise is that these activities will attract nurses to rural areas, and the evidence thus far indicates that this is the case.

PROGRAM OVERVIEW

The RCNP began in September, 1975, under federal funding. The project was charged with developing, implementing, evaluating, and disseminating a model of a rural nursing internship program in an effort to attract nurses to rural communities. Details of the RCNP model are found in a project publication titled The Rural Clinical Option: An Implementation Manual, copies of which have been distributed to nursing programs nationwide. The model had been developed and disseminated when federal funding stopped in June, 1980. The total federal budget in the final grant year was $124,217. The California State Legislature has appropriated funds to continue the Center.

The CSU, Chico based RCNP is run by a director, a clinical coordinator, a full-time secretary, and a half-time typist.

The large majority of RCNP participants are white females attending school for a BS/RN degree. Men and minorities are encouraged to apply. Participation is optional and unpaid, although participants receive academic credit in units and in internship requirements from their home campuses.

Students interested in the RCNP experience contact the RCNP faculty coordinator at their home campuses. The faculty coordinator informs students of the RCNP program, screens them and recommends them for placement. The coordinator helps students identify the kind of experiences they desire and assists them in developing learning objectives for monitoring their experiences. In addition, the coordinator determines the academic requirements that must be met during the placement and the number of units awarded for completing the placement. The coordinator forwards to the RCNP staff at CSU, Chico the student's learning objectives, the academic requirements

expected of the students by the home campus, and evaluation forms to be completed by the student and their on-site preceptors. The coordinator communicates with the on-site preceptor and program staff during the placement and submits an evaluation for the students' experiences to RCNP staff when the student returns. Annual preceptor/faculty coordinator workshops led by RCNP staff acquaint faculty and preceptors with each others' roles and needs as well as improve the RCNP's ability to adequately place and evaluate participants.

RCNP staff receive the students' learning objectives and coordinator's comments and select a rural health care facility (such as an Indian Health service, an acute care hospital, or a public health department) which the students will have the best chance of meeting their objectives. Staff then provide students and the faculty coordinator with information about the facilities and provide the facility with information about the students. A student is officially placed with the facility when the student, faculty coordinator, placement facility, and the RCNP staff agree to the placement.

Placements are year-round and flexible enough to meet individual needs. Staff prefer to place students in one of five scheduled groups (spring, early summer, late summer, fall or intersession) to reduce travel and administration costs and to increase the interaction among students (Table 1). Because most nursing programs offering internship programs do so only in the last semester of their curriculum, some students are available only for the spring placement. Intersession placements of necessity are shorter (5 weeks). Staff make special arrangements for students who cannot participate in regular groups. (Between placement groups, staff prepare recruitment and handbook materials, locate new housing providers and placement facilities, revise evaluation instruments, and so on.)

Table 1. Number and Timing of Placements by Year

| Year | Total | Intersession | Spring | Early Summer | Late Summer | Fall |
|---|---|---|---|---|---|---|
| 1976 | 29 | - | 6 | 11 | 12 | 0 |
| 1977 | 52 | 13 | 19 | 9 | 7 | 4 |
| 1978 | 29* | 4 | 3 | 8 | 8 | 6 |
| 1979 | 66 | 14 | 12 | 14 | 18 | 8 |
| 1980 | 58 | 16 | 22 | 10 | 7 | 3 |

*This figure is low as a result of staff changes that prevented students from being placed for eight months.

| | | | | | | |
|---|---|---|---|---|---|---|
| 1981 | 42 | 18 | 8 | 10 | 1 | 5 |
| 1982 | 40 | 10 | 8 | 11 | 5 | 6 |
| 1983 | 36 | 5 | 8 | 12 | 8 | 3 |
| | 352** | | | | | |

**Please note this figure is through fall of 1983.

Before placement, students complete a housing questionnaire on which they indicate the characteristics they prefer in a place to live. From a pool of housing providers, staff select providers that best match the students' preferences. Most students are placed with a family; occasionally other students rent trailers or apartments. Rent, kitchen privileges and personal preferences (smoking, overnight guests, and so on) are negotiated between RCNP staff and the host family.

Also before placement, students complete a preplacement questionnaire and are briefed by staff on RCNP expectations, rural communities and lifestyles, rural health care delivery, and rural "survival" skills, such as how to deal with stress, boredom, free time and so on. Staff ascertain that students have adequate professional liability and automobile insurance and make sure that students know they are responsible for their own medical, travel, living, and entertainment expenses. At this time, students are reminded that they are required to learn about the placement community, and and that they must maintain a daily journal of their experience. They must also document that they have met their learning objectives.

On site, each student is guided by a preceptor: a local health care professional employed by the placement facility. Preceptors are screened by RCNP staff and are not paid for their services. Most preceptors are RNs or PHNs, although nurse practitioners, physicians, and health administrators occasionally participate in this role.

The preceptor is familiar with the goals and standards of the RCNP, of the student's home campus, and of the student. In addition to introducing the student to the work setting and to the community, the preceptor maintains communication with the student's faculty advisor and, with the student, creates a written plan that will assure the quality of the student's

experience. This plan provides for at least one 30-to-60-minute conference per week and for a written evaluation of the student by the preceptor at the end of the placement. In case of emergency, the student reports to his or her preceptor, who, in turn, reports to RCNP staff.

During placement, students attend one or two seminars with students of other placement facilities. Led by RCNP staff, these seminars allow students to share experiences and to discuss problems. The student must also visit at least 2-3 other health care facilities in the area during her placement.

After completing the six-to-eight week placment, students again meet with RCNP staff to evaluate their experiences. They complete a postplacement questionnaire, a placement facility evaluation form, a preceptor evaluation form, a housing provider evaluation form, and a projected employment plan. Each year on the anniversary of their graduation from nursing school, participants also receive a longitudinal study questionnaire, data from which will help determine the effects of RCNP participation.

Thus the RCNP offers students several advantages. The close communication between staff, faculty advisors, and preceptors allows academic institutions to award students' academic credit for completing carefully planned learning objectives. Without such credit, students could not explore the rural experience without prolonging their education or jeopardizing their status in their nursing program. Participation also allows students to explore the rural experience without actually moving to a rural community. The magnitude and finality associated with a complete move to a new community and to a new life-style inhibits exploration for its own sake. By eliminating the need for a complete move, the RCNP encourages students to explore the rural experience at a critical time in their careers.

For most students, the close personal involvement with their host families is one of the most meaningful aspects of placement. These live-in situations put students directly in touch with what it means to live in a rural community. For their host families, students learn to appreciate the importence of local traditions, events, gossip, adn politics; the frustration of limited shopping, recreational, and cultural opportunities; and the satisfaction of a sense of community and a more relaxed pace of life.

Finally, during their placements, students from different nursing programs have the opportunity to compare notes on their home nursing programs as well as on their RCNP placements. This contact helps students put their education into perspective.

The RCNP, then, is the link between nursing programs, faculty coordinators, student nurses, placement facilities, preceptors, and housing providers. Staff inform these groups about the RCNP Center and about the needs and roles of each group; facilitate on-going communication among the groups; and maintain files of formal communications, agreements, and evaluations of each group. In addition, staff attempt to enlarge each group by interesting nursing programs in the RCNP concept, by recruiting students and preceptors to participate in the program, and by identifying potential placement facilities and housing providers. The result of these efforts is well-integrated, smoothly running program with built-in checks and balances in its day-to-day and long term operation.

## RESPONSES TO THE RCNP

Participant responses to the RCNP program have been overwhelmingly favorable. Virtually all participants (99%) report that their RCNP placement was a valuable intruduction to the rural experience. Over 87% felt their preceptors were at least satisfactory, and 53% felt their preceptors were outstanding. Over 95% felt their clinical activities were worthwhile; 27% felt their clinical activities were especially rewarding. In terms of their clinical and overall experience, then, participants feel that the RCNP program is well structured and well run.

The responses from nursing programs have been equally favorable. Twenty-four letters of support have been received from thirteen programs, and the number of applicants from all programs continues to increase. Faculty are impressed with the quality of the experience and note that their own programs cannot offer similar experiences as a result of lack of money, lack of personnel, or institutional policy. Faculty feel that they can exercise some control over the experience through the students' learning objectives and that the evaluation procedures for these objectives are adequate.

Placement facilities, too, are pleased with the program. To date, the RCNP has received 23 letters of support from 13 facilities in 9 counties. Preceptors are especially pleased at the chance to work with bright, motivated nursing students. Administrative and support staff also appreciate both the services provided by participants and the contact between their facility and the various nursing programs involved. Several administrators report that they have successfully recruited staff from among the RCNP participants. Additional letters of support have been received from the Northern Sierra Hospital Council, Superior California Area Health Education

Center and the Northern Rural Health Clinics, Inc.

The RCNP has captured the interest of three nursing programs across the country. The University of Michigan at Ann Arbor; Emory University in Atlanta, Georgia; and Idaho State University, Pocatello have all created graduate level rural nursing internship programs based on the RCNP model. In addition, the RCNP has encouraged similar local efforts on the part of several rural nursing programs, (CSU, Fresno, Fresno, California).

The RCNP program has also been praised by a supervising nursing education consultant of the Board of Registered Nurses. Julia O'Bosky, R.N., who reviewed the RCNP program during a three-day site-visiting tour, states that:

> "The facilities visited offer excellent experience and all personnel interviewed were enthusiastic about the project. The personnel interviewed are well qualified to assume the responsibilities of nurse preceptor and are excellent role models. The project is a sound one and affords a tremendous source of enrichment experiences unique to rural areas, and deserves support."

## SUMMARY OF LONGITUDINAL STUDY

This summary is purposely brief, and selected categories from the longitudinal study are focused upon. More detailed information can be requested from the Rural Clinical Nurse Placement Center, CSU-Chico, Chico, Calif.

### Longitudinal Study and Results - SHORT FORM

Respondents included students who participated in the RCNP Center and graduated from a nursing program in the state of California. All students received a questionnaire once a year on the anniversary of their graduation date. Questionnaires were mailed in January (for Fall graduates) and June (for Spring graduates). The following conclusions are based on questionnaires mailed in 1981-1982 (for the 1976-1981 graduates), for a total of 247 returned questionnaire responses.

### Conclusions

A. Respondents positively viewed the RCNP program and their rural experience (89% indicated they were inclined to work in a rural area as a result of their RCNP experience - question 1; 88% referred someone to RCNP - question 8).

B. Respondents generally viewed working as a health care professional in a rural area as positive (84% responded they would like to work in a rural area - question 5; 83% also indicated they thought they would work in a rural area - question 6).

The response that most of the readers of this report would be most interested in, is that the majority of respondents are working as health care professionals (89% - question 2; and that 38% since participation in RCNP, have worked as a health care provider in a rural area - question 9).

D. Another impressive and interesting statistic is that more than one half of all respondents, 57%, characterized their upbringing between their fifth and eighteenth birthdays as occurring in a suburban/urban area - question 11. This of course, disputes the notion that it was their earlier life experience in a rural or semi-rural area that took them back to rural soil for their career placement.

E. Despite:

1. Harsh economic constraints on many students
2. The fact that there is no stipend for our participants
3. Indeed, an additional cost to them to do a placement - to pay for housing, food and transportation

Beginning in June of 1982, this opportunity was made available to out-of-state students and working RN's via an extension class at CSU, Chico. We have seen a 125% increase in inquiries about the Rural Option between last year and just this date, July 1983.

FINAL COMMENTS

We have compiled many kinds of data from our utilization of the longitudinal study. If more information is required relative to: preceptors used, number of colleges participating, number of facilities utilized for placement, comments from students relative to the quality of the academic experience, etc., this can be made available on request.

We also have developed a Preceptor Handbook for reference to any person utilizing a preceptor or functioning as one. We have a Rural Clinical Option Guide that details the model that we have been utilizing. The format of the guide is designed to assist other states in setting up a RCNP Center or a Rural Clinical Option in one or more of their nursing programs. We also have a Summary Handbook that thoroughly details what happens beginning with the time a person makes an inquiry to our Center, through a participant finishing their experience with us. All three handbooks can be found in the majority of the nursing programs within the state. These can be made available (on a limited basis) by contacting our office at CSU-Chico.

We received nearly 300 letters from all across the nation since June of 1982, positively commenting on the article that was printed on Rural Nursing in the April 1982 issue of the American Journal of Nursing. An earlier article entitled, "Backwoods Nursing" can be found in Nurse Educator, May-June 1981 Vol. VI #3. Both articles discuss rural nursing roles and environment as well as providing some information on the RCNP Center.

In short, we are growing, we are a positive experience and we are in fact helping to correct the maldistribution problem of nurses in California. We even help other states, since some participants have moved out-of-state to function as nurses.